

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KA	75591	2/8
O.I.P.E. CLASSIFIER	LB	65323	4/5/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	11/19/01
2	4/12/02
3	5/13/03
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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